

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000103177

**FILED**  
**Jun 19, 2020**  
**Secretary of State**  
**2806913739CC**

**Entity Name:** ARSENIO COLUMBIE, M.D., P.A.

**Current Principal Place of Business:**

10480 S.W. 62ND STREET  
MIAMI, FL 33173

**Current Mailing Address:**

10480 S.W. 62ND STREET  
MIAMI, FL 33173 US

**FEI Number:** 20-3190092

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLUMBIE, ARSENIO  
10480 S.W. 62ND STREET  
MIAMI, FL 33173 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COLUMBIE, ARSENIO  
Address 10480 S.W. 62ND STREET  
City-State-Zip: MIAMI FL 33173

Title VP  
Name COLUMBIE, LIANE  
Address 10480 S.W. 62ND STREET  
City-State-Zip: MIAMI FL 33173

Title TR  
Name COLUMBIE, ARSENIO  
Address 10480 S.W. 62ND STREET  
City-State-Zip: MIAMI FL 33173

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARSENIO COLUMBIE

**PRESIDENT**

**06/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date